RI SOS Filing Number: 202216302480 Date: 4/29/2022 2:20:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. **ID No.** 000488246

- 2. Exact Name of the Limited Liability Company O.M. ADMINISTRATION, LLC
- 3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

523999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE BUSINESS, PURPOSE AND ACTIVITY OF THE COMPANY SHALL BE TO ENGAGE IN

<u>FINANCIAL SERVICE BUSINESS AND ANY OTHER BUSINESS WHICH A LIMITED</u> LIABILITY

COMPANY MAY LEGALLY CARRY ON. THE COMPANY SHALL POSSESS AND MAY EXERCISE ALL

THE POWERS AND PRIVILEGES GRANTED BY THE ACT, ANY OTHER APPLICABLE LAW OR BY

THIS AGREEMENT, TOGETHER WITH ANY POWERS INCIDENTAL THERETO, SO FAR AS SUCH

<u>POWERS AND PRIVILEGES ARE NECESSARY OR CONVENIENT TO THE CONDUCT, PROMOTION</u>

OR ATTAINMENT OF THE BUSINESS, PURPOSES OR ACTIVITIES OF THE COMPANY.

5. Principal Office Address

No. and Street: <u>27 HARBOURSIDE DRIVE</u>

City or Town: MOULTONBORO State: NH Zip: 03254 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CYNTHIA A. O'CONNELL Contact Title: MANAGER

No. and Street: 27 HARBOURSIDE DRIVE

City or Town: MOULTONBORO State: NH Zip: 03254 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE, RI 02904

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of April, 2022 at 2:21:38 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By CYNTHIA A. O'CONNELL, MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

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